

ROUTING SLIP FOR INVOICES

DATE February 14, 2018

CONTRACTOR Caring to Love

PO # 2000224936

MONTH OF SERVICE August 2017 Supp

TO Jeanine

INITIAL REVIEW J

DATE 2/21/18

FSPS2 REVIEW

DATE

Program Manager 1/2 SJS

DATE 2/23/18

POSTED TO SPREADSHEET ✓

SENT TO FISCAL 2/23/18 EQUIPMENT TO BE TAGGED? no

ADVANCE RECOUPMENT?

COMMENTS:

NO adjustments

Not reimbursed on original invoice



DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Cost Reimbursement Invoice Form

Received

FEB 14 2018

DCFS

Economic Stability

Caring To Love Ministries

Contractor Name

3813 N Flannery Rd

Mailing Address

Baton Rouge, LA 70814

City, State, Zip

Dorothy Wallis / 225-273-1124

Contact Person/Telephone Number

August 2017 SUPP

Service Period

719685 2000224936

Contractor/PO#

2000 224936-0817SUPP

Invoice Number

EXPENDITURES

EXPENDITURE CATEGORY	APPROVED BUDGET	CURRENT PERIOD EXPENDITURES	PRIOR PERIOD EXPENDITURES	CUMMULATIVE EXPENDITURES	REMAINING CONTRACT BALANCE	COST SHARING
(A)	(B)	(C)	(D)	(E)	(F)	(G)
PERSONNEL	\$ 72,960.00	\$ -	\$ 27,880.86	\$ 27,880.86	\$ 45,079.14	
FRINGE BENEFITS	\$ 10,309.44	\$ -	\$ 4,293.17	\$ 4,293.17	\$ 6,016.27	
TRAVEL	\$ 1,080.00	\$ -	\$ 1,027.45	\$ 1,027.45	\$ 52.55	
OPERATING SERVICES	\$ 60,370.56	\$ -	\$ 19,452.24	\$ 19,452.24	\$ 40,918.32	
MAT/SUPPLIES	\$ -	\$ -	\$ -	\$ -	\$ -	
PROFESSIONAL SERVICES	\$ 94,200.00	\$ -	\$ 46,500.00	\$ 46,500.00	\$ 47,700.00	
OTHER CHARGES	\$ 434,880.00	\$ 8,810.00	\$ 216,560.00	\$ 225,370.00	\$ 209,510.00	
EQUIPMENT/ACQUISITIONS		\$ -	\$ -	\$ -	\$ -	
INDIRECT COST	\$ 57,000.00	\$ -	\$ 28,500.00	\$ 28,500.00	\$ 28,500.00	
TOTALS	\$ 730,800.00	\$ 8,810.00	\$ 344,213.72	\$ 353,023.72	\$ 377,776.28	\$ -

Contractor Certification

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract.

, President/CEO

Signature of Authorized Contractor Representative and Title

2/12/2018

Date

FOR DCFS USE ONLY					
DCFS Invoice Number 224936 8175	Org	Obj	Rep Cat	Sub Obj	ACTV
	4274	3740	5071	Line 2	
	Org	Obj	Rep Cat	Sub Obj	ACTV
Org	Obj	Rep Cat	Sub Obj	ACTV	

Program Compliance Approval

I certify that the expenditures have been reviewed in accordance with contract and program guidelines and deliverables have been received.

Program Manager 2/12/18

Signature and Title of Authorized DCFS Official

Jeanine L. Blane 2/21/18

**LIFE CHOICE PROJECT
PROVIDER REQUEST FOR PAYMENT
COST REIMBURSEMENT INVOICE**

CONTRACTOR:	<u>Caring to Love Ministries</u>	REPORT CATEGORY #	<u>6071</u>
SERVICE PROVIDED:	<u>Abortion Alternative-Statewide.</u>	P. O. #	<u>2000 224936</u>
ADDRESS	<u>3813 N. Flannery Rd. Baton Rouge, LA 70814</u>	GRS ORG CODE #	<u>4274</u>
CONTACT PERSON:	<u>Dorothy Wallis</u>	OBJECT CODE	<u>3740</u>
TITLE:	<u>President/CEO</u>	INVOICE #	<u>2000224936-0817SUPP</u>
		PHONE #	<u>225-273-1124</u>
		MONTH & YEAR	<u>August 2017 Supplemental</u>
		PARISH SERVED:	<u>Statewide</u>

CUMM PREVIOUS 1st MONTH PARTICIPANTS	<u>1105</u>
1st MONTH PARTICIPANTS SERVED THIS MONTH:	<u>0</u>
CUMMULATIVE 1st MONTHPARTICIPANTS	<u>1105</u>

SECTION A - SALARY

Services Coordinator	<u>Sanaretha Gray</u>	0.00	
Home Prenatal Care Nurse	<u>Kim Hardee</u>	0.00	
Home Prenatal Care Educator	<u>J Monic Adams</u>	0.00	
Clerical Support Specialist		<u>0.00</u>	
	TOTAL SALARIES-Direct Svcs	<u>0.00</u>	0.00

SECTION B - FRINGE

Insurance	<u>Direct Services</u>	0.00	
FICA	<u>Direct Services</u>	0.00	
Worker's Compensation	<u>Direct Services</u>	0.00	
	TOTAL FRINGES-Direct Svcs	<u>0.00</u>	0.00

SECTION C - TRAVEL

Travel	<u>Direct Services</u>	0.00	
Travel	<u>Direct Services</u>	0.00	
	TOTAL TRAVEL-Direct Svcs	<u>0.00</u>	0.00

SECTION D - OPERATING EXPENSES

Printing	<u>Direct Services</u>	0.00	
Printing	<u>Direct Services</u>	0.00	
Office Supplies	<u>Direct Services</u>	0.00	
Copy Machine	<u>Direct Services</u>	0.00	
Internet Service	<u>Direct Services</u>	0.00	
Media	<u>Direct Services</u>	0.00	
Website	<u>Direct Services</u>	0.00	
KNOWforSURE	<u>Direct Services</u>	0.00	
	TOTAL OPERATING EXPENSES FOR MONTH	<u>0.00</u>	0.00

**LIFE CHOICE PROJECT
PROVIDER REQUEST FOR PAYMENT
COST REIMBURSEMENT INVOICE**

CONTRACTOR: Caring to Love Ministries

SECTION F - PROFESSIONAL

Accounting Services	Vickie Davis	0.00	
Performance Improvement Coord	Garcia Bodley	0.00	
Public Relations/Media Coord	Randy Rice	0.00	
Webmaster/Info Tech Cons.	Kathleen Benfield	0.00	
Information Technology Cons.	Turnkey	0.00	
Auditor Services	Michael Choate, CPA	0.00	
Professional Technical Svc	JHam/Rita Michelle/Emily/Alexis	<u>0.00</u>	
	TOTAL PROFESSIONAL	0.00	0.00

SECTION G-OTHER CHARGES

<u>Client Services:</u>	<u>Cost</u>	<u># Clients</u>	<u>TOTALS</u>
Intake Application Process	\$ 10.00	-	0.00
Positive Pregnancy Test	\$ 10.00	59	590.00
Negative Pregnancy Test	\$ 10.00	-	0.00
Abstinence Education	\$ 30.00	-	0.00
Counseling	\$ 40.00	85	3,400.00
Referral Services	\$ 10.00	74	740.00
Health Risk Assessment	\$ 30.00	109	3,270.00
Care Plan Development	\$ 30.00	-	0.00
On-going Care	\$ 30.00	27	810.00
Family Support Services	\$ 40.00	1	40.00
Home Outreach Support Services	\$ 75.00	-	0.00
Birth Outcome Confirmation	\$ 40.00	(1)	-40.00
	TOTAL OTHER CHARGES		8,810.00

SECTION I - INDIRECT COST

Project Administrator Dorothy Wallis

Health Insurance

TOTAL INDIRECT COST

TOTAL INVOICE \$ 8,810.00

Dorothy Wallis
Authorized Signature per Dorothy Wallis

Project Administrator

Date

2/9/2018

OFS Approval

Telephone Number

Date

2/9/2018

*NOTE-If space is not sufficient, make reference to change on this form and include detailed attachment.

MAIL TO:

OM&F FISCAL
PAYMENT MANAGEMENT/CONTRACTS
PO BOX 3927
BATON ROUGE, LOUISIANA

Page 3/3

P.O.# 200 224936 - 0817SUPP
ACH Transfer Detail Grid for August 2017

ction	Budget Category	Item description	Payee	Inv. Page	ACH Page	Proof of Electronic Bank Statement	Bank Stmt Page #
C	Operating Expense	Travel	Care Pregnancy Ctr	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Printing	Randy Rice & Assoc	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Restoration Pregnancy	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Access/Catholic Charities	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	A Pregnancy Center	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Women's Resource Ctr	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Women's Life Ministries	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Care Pregnancy Center	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	CPC-Gonzales	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Marketing & Advertisement	Randy Rice & Assoc.	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Knowforsure	Sources for Women	n/a	n/a	Gulf Coast Bank & Tst	5
F	Professional	Accounting Services	Direct Mailing-Vickie Davis	n/a	n/a	Gulf Coast Bank & Tst	5
F	Professional	Performance Impr Coordinator	Resources for Comm.-Garcia Bodley	n/a	n/a	Gulf Coast Bank & Tst	5
F	Professional	Public Relations	Randy Rice & Assoc	n/a	n/a	Gulf Coast Bank & Tst	5
F	Professional	Webmaster	Kathleen Benefield	n/a	n/a	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Jennifer Hamn/a	n/a	n/a	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svd	Sanaretha Gray	n/a	n/a	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svs	Michelle Dyess	n/a	n/a	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Emily Ilgenfritz	n/a	n/a	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Alexis Farrugia	n/a	n/a	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	CarePregnancy Ctr	10	12	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Wom Res Ctr Natch	13	15	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	A Prg. Ctr. & Clinic	16	18	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Access Met-Catholic	19	21	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Wom Life Minist	n/a	n/a	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Restoration Life	22	24	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	CPC-Gonzales	25	27	Gulf Coast Bank & Tst	5
I	Indirect cost	Project Administrator	Dorothy Wallis	n/a	n/a	Gulf Coast Bank & Tst	5

2/10/2018

Gulf Coast Bank and Trust



\$613.26
Available Balance

Gulf Coast Bank and Trust Company LCP CHECKING 6649

Last Updated: 2/10/2018 5:54 PM

Start Date	End Date	Transaction Type
2/7/2018	<input type="button" value="31"/> to 2/10/2018	<input type="button" value="31"/>
Min Amount	Max Amount	Check #
\$0.00	to \$0.00	to

[Apply Filters](#)[Reset](#)

Date	Description	Amount
FEB 9 2018	Jan 2018 CPC	(\$15,735.00)
FEB 9 2018	Jan 2018 APC	(\$12,240.00)
FEB 9 2018	Jan 2018 WRC	(\$7,180.00)
FEB 9 2018	Jan 2018 Restoration	(\$5,435.00)
FEB 9 2018	Jan 2018 Access-Catholic	(\$1,560.00)
FEB 9 2018	Jan 2018 Gonzales	(\$1,210.00)
FEB 9 2018	Travel-Jan 2018	(\$52.55)
FEB 7 2018	D Wallis-Jan17	(\$4,500.00)
FEB 7 2018	Sept17 Suppl	(\$3,930.00)
FEB 7 2018	Aug17 Suppl	(\$2,955.00)
FEB 7 2018	Dec17 Media	(\$2,667.00)

2/10/2018

Gulf Coast Bank and Trust

ACT Pg #

(\$2,500.00)

FEB 7 2018	Sept17 Suppl	
FEB 7 2018	Sept17 Suppl	(\$2,340.00)
FEB 7 2018	July17 Suppl	(\$2,250.00)
FEB 7 2018	Jan17	(\$2,200.00)
FEB 7 2018	Aug17 Suppl	15 (\$2,175.00)
FEB 7 2018	July17 Suppl	(\$1,810.00)
FEB 7 2018	Aug17 Suppl	18 (\$1,620.00)
FEB 7 2018	July17 Suppl	(\$1,620.00)
FEB 7 2018	Aug17 Suppl	24 (\$1,520.00)
FEB 7 2018	Oct17 Suppl	(\$1,320.00)
FEB 7 2018	Jan17	(\$1,125.00)
FEB 7 2018	Jan17 SFW	(\$875.00)
FEB 7 2018	Jan17	(\$800.00)
FEB 7 2018	July17 Suppl	(\$710.00)
FEB 7 2018	Jan17 P/R	(\$700.00)
FEB 7 2018	Jan17	(\$500.00)
FEB 7 2018	Aug17 Suppl Gonzales	27 (\$420.00)
FEB 7 2018	Jan17	(\$393.75)
FEB 7 2018	Sept17 Suppl Gonzales	(\$370.00)

2/10/2018

Gulf Coast Bank and Trust

ACT Pg #

(\$270.00)

FEB 7 2018	July17 Suppl	
FEB 7 2018	Jan17	(\$250.00)
FEB 7 2018	Jan17	(\$250.00)
FEB 7 2018	Dec17 Suppl	(\$180.00)
FEB 7 2018	Jan17	(\$150.00)
FEB 7 2018	Sept17 Suppl	(\$140.00)
FEB 7 2018	Aug17 Suppl	21 (\$120.00)
FEB 7 2018	July17 Suppl Gonzales	(\$80.00)
FEB 7 2018	TMS Transfer from DDA#100637305 per Dorothy Wallis	+ \$2,500.00

PO# 2000 224936

SECTION G

OTHER CHARGES

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

August 2017 SUPP BILLED *

TOTAL ALL SUB REPORTS

Cumm from Last Month	1105 Cumm 2nd Visits Last Month	1099
Number of New Participants	- New 2nd Visits	109
Cumulative Participants	1105 Cumulative 2nd Visits	1208

Client Services	UNIT COST	# Clients	TOTALS
Intake Application Process	\$ 10.00	-	\$ -
Positive Pregnancy Test	\$ 10.00	59	\$ 590.00
Negative Pregnancy Test	\$ 10.00	-	\$ -
Abstinence Education	\$ 30.00	-	\$ -
Counseling	\$ 40.00	85	\$ 3,400.00
Referral Services	\$ 10.00	74	\$ 740.00
Health Risk Assessment	\$ 30.00	109	\$ 3,270.00
Care Plan Development	\$ 30.00	-	\$ -
On-going Care	\$ 30.00	27	\$ 810.00
Family Support Services	\$ 40.00	1	\$ 40.00
Home Outreach Support Services	\$ 75.00	-	\$ -
Birth Outcome Confirmation	\$ 40.00	(1)	\$ (40.00)
TOTAL SUB-CONTRACTOR REIMBURSEMENT		354	\$ 8,810.00

Amount Due \$ 8,810.00

Summary:

Care Pregnancy Clinic	\$ 2,955.00
Women's Resource Center of Natch LA	\$ 2,175.00
A Pregnancy Center	\$ 1,620.00
Access Pregnancy-(Catholic Charities)	\$ 120.00
Women's Life Ministries	\$ -
Restoration House	\$ 1,520.00
CPC-Gonzales	\$ 420.00

TOTAL ALL CENTERS \$ 8,810.00

**Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Care Pregnancy Clinic
 Project Number LCP17-18-01
 Date of Report 08/01/2017 thru 08/31/2017 (Report Printed: 02/12/2018)
 Report Submitted By Deborah Clayton
 Address 3813 N. Flannery Rd.
 City State Zip Baton Rouge, LA 70814

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client	Not Appr	Coun Mins	Date	Center ID
			Not Appr				

REIMBURSEMENT

New Pos. Clients:72 2nd:47 3rd:25 Pantry:73 Home:11 Postpartum:27

Description of Service	#Served	Reimb. Cost	Total
Intake Application	76	\$10	\$ 760
Positive Pregnancy Test	72	\$10	\$ 720
Negative Pregnancy Test	25	\$10	\$ 250
Abstinence Education	29	\$30	\$ 870
Counseling	22	\$40	\$ 880
Referral Services	23	\$10	\$ 230
Health Risk Assessment	36	\$30	\$ 1080
Care Plan Development	47	\$30	\$ 1410
On-Going Care/Monitoring	12	\$30	\$ 360
Family Support Services	24	\$40	\$ 960
Home Outreach Support Services	1	\$75	\$ 75
Birth Outcome Confirmation	22	\$40	\$ 880
			(40)
			250 544

Total Services 676 121 \$ 14065 2955. *ext*

2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Daphonale Adair

Supervisor's Signature

Data Entry Clerk's Signature

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services	P.O.# 2000 224
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Care Pregnancy Clinic	LCP 17-18-01
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Cumm from Last Month	415 Cumm 2nd Visits Last Month	404
Number of New Participants for This Mon	- New 2nd Visits	36
Cumulative Participants	415 Cumm 2nd Visits	440

Client Services:	UNIT COST	# Clients	TOTALS
Intake Application Process	\$ 10.00	-	\$ -
Positive Pregnancy Test	\$ 10.00	25	\$ 250.00
Negative Pregnancy Test	\$ 10.00	-	\$ -
Abstinence Education	\$ 30.00	-	\$ -
Counseling	\$ 40.00	25	\$ 1,000.00
Referral Services	\$ 10.00	23	\$ 230.00
Health Risk Assessment	\$ 30.00	36	\$ 1,080.00
Care Plan Care	\$ 30.00	-	\$ -
On-going Care	\$ 30.00	12	\$ 360.00
Family Support Services	\$ 40.00	-	\$ -
Home Outreach Support Services	\$ 75.00	1	\$ 75.00
Birth Outcome Confirmation	\$ 40.00	(1)	\$ (40.00)
TOTAL SUB-CONTRACTOR REIMBURSEME		121	\$ 2,955.00

Amount Due **\$ 2,955.00**

2/6/2018

PO# 2000 224936-0817Supp
GULF COAST BANK
& Trust Company

Gulf Coast Bank and Trust

Section G OTHER CHARGES

Created	Status	Approvals	Transaction Type	Account	Amount
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77698	LCP CHECKING xxxxx6649	\$2,955.00

Tracking ID: 77698**Total Amount: \$2,955.00****Created: 02/06/2018 2:46 PM****Total Payments: 1****Created By: DOROTHY WALLIS****From: LCP CHECKING xxxxx6649****Authorized: 02/06/2018 2:47 PM****ACH Class Code: CCD****Authorized By: DOROTHY WALLIS****ACH Header: CARING TO LOVE M****Will process On: 2/6/2018****Effective: 2/7/2018****RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$2,955.00	XXXX6569	Checking	XXXXX0153	

Addenda: Aug17 Suppl

APPROVAL(S):

1 DOROTHY WALLIS



Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Women's Resource Center of Natch La
 Project Number LCP17-18-04
 Date of Report 08/01/2017 thru 08/31/2017 (Report Printed: 02/05/2018)
 Report Submitted By Danette Westfall
 Address 107 North Street
 City State Zip Natchitoches, LA 71457

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client		
			Not Appr	Coun Mins	Center Date

REIMBURSEMENT

New Pos. Clients:44 2nd:28 3rd:16 Pantry:45 Home:11 Postpartum:13

Description of Service	#Served	Reimb. Cost	Total
Intake Application	33	\$10	\$330
Positive Pregnancy Test	44	\$10	\$440
Negative Pregnancy Test	5	\$10	\$50
Abstinence Education	5	\$30	\$150
Counseling	44	\$40	\$1760
Referral Services	55	\$10	\$550
Health Risk Assessment	55	\$30	\$1650
Care Plan Development	28	\$30	\$840
On-Going Care/Monitoring	27	\$30	\$810
Family Support Services	17	\$40	\$680
Home Outreach Support Services	21	\$75	\$1625
Birth Outcome Confirmation	13	\$40	\$520

Total Services 337 97 \$ 8605 2175. *SA*

2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services**P.O.# 2000 224****Women's Resource Center of Natch LCP-17-18-04**

Cumm from Last Month	155	Cumm 2nd Visits Last Month	188
Number of New Participants for This Mon	-	New 2nd Visits	27
Cumulative Participants	155	Cumm 2nd Visits	215

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
Intake Application Process	\$ 10.00	-	\$ -
Positive Pregnancy Test	\$ 10.00	16	\$ 160.00
Negative Pregnancy Test	\$ 10.00	-	\$ -
Abstinence Education	\$ 30.00	-	\$ -
Counseling	\$ 40.00	16	\$ 640.00
Referral Services	\$ 10.00	27	\$ 270.00
Health Risk Assessment	\$ 30.00	27	\$ 810.00
Care Plan Care	\$ 30.00	-	\$ -
On-going Care	\$ 30.00	11	\$ 330.00
Family Support Services	\$ 40.00	1	\$ 40.00
Home Outreach Support Services	\$ 75.00	(1)	\$ (75.00)
Birth Outcome Confirmation	\$ 40.00	-	\$ -
TOTAL SUB-CONTRACTOR REIMBURSEME		97	\$ 2,175.00

Amount Due \$ 2,175.00

Section G OTHER CHARGES

Created	Status	Approvals	Transaction Type	Account	Amount
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77702	LCP CHECKING xxxxx6649	\$2,175.00

Tracking ID: 77702

Total Amount: \$2,175.00

Created: 02/06/2018 2:47 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxx6649

Authorized: 02/06/2018 2:48 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 2/6/2018

Effective: 2/7/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
WOMENS RES CENT NATCH	WOMENS RES CENT NATCH		\$2,175.00	XXXX078	Checking	XXXXX2949	

Addenda: Aug17 Suppl

APPROVAL(S):

1 DOROTHY WALLIS

**Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization A Pregnancy Center & Clinic
 Project Number LCP17-18-103
 Date of Report 08/01/2017 thru 08/31/2017 (Report Printed: 02/06/2018)
 Report Submitted By Denise Williamson
 Address 913 S. College Rd Ste 206
 City State Zip Lafayette, LA 70503

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client	Coun Mins	Date	Center ID
			Not Appr			

REIMBURSEMENT

New Pos. Clients:38 2nd:20 3rd:18 Pantry:48 Home:10 Postpartum:5

Description of Service	#Served	Reimb. Cost	Total
Intake Application	38	\$10	\$ 380
Positive Pregnancy Test	38 18	\$10	\$ 380
Negative Pregnancy Test	18	\$10	\$ 180
Abstinence Education	18	\$30	\$ 540
Counseling	38 18	\$40	\$ 1520
Referral Services	38 18	\$10	\$ 380
Health Risk Assessment	38 18	\$30	\$ 1140
Care Plan Development	20	\$30	\$ 600
On-Going Care/Monitoring	12	\$30	\$ 360
Family Support Services	12	\$40	\$ 480
Home Outreach Support Services	10	\$75	\$ 750
Birth Outcome Confirmation	5	\$40	\$ 200

Total Services 36 72 \$ 6690 1620

2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

Dorothy Wallis
Budget Manager
Denise Williamson

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

A Pregnancy CenterLCP-17-18-103

Cumm from Last Month

231 Cumm 2nd Visits Last Month 250

Number of New Participants for This Mon

- New 2nd Visits 18

Cumulative Participants

231 Cumm 2nd Visits 268

Client Services:

	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
Intake Application Process	\$ 10.00	-	\$ -
Positive Pregnancy Test	\$ 10.00	18	\$ 180.00
Negative Pregnancy Test	\$ 10.00	-	\$ -
Abstinence Education	\$ 30.00	-	\$ -
Counseling	\$ 40.00	18	\$ 720.00
Referral Services	\$ 10.00	18	\$ 180.00
Health Risk Assessment	\$ 30.00	18	\$ 540.00
Care Plan Care	\$ 30.00	-	\$ -
On-going Care	\$ 30.00	-	\$ -
Family Support Services	\$ 40.00	-	\$ -
Home Outreach Support Services	\$ 75.00	-	\$ -
Birth Outcome Confirmation	\$ 40.00	-	\$ -
TOTAL SUB-CONTRACTOR REIMBURSEME		72	\$ 1,620.00

Amount Due \$ 1,620.00

Created	Status	Approvals	Transaction Type	Account	Amount
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77705	LCP CHECKING xxxxx6649	\$1,620.00

Tracking ID: 77705

Total Amount: \$1,620.00

Created: 02/06/2018 2:49 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxx6649

Authorized: 02/06/2018 2:49 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 2/6/2018

Effective: 2/7/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
A PREGNANCY CENTER C	A PREGNANCY CENTER C		\$1,620.00	XXXX2775	Checking	XXXXX0222	

Addenda: Aug17 Suppl

APPROVAL(S):

1 DOROTHY WALLIS

**Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Access - Catholic Charities
 Project Number LCP17-18-107-1
 Date of Report 08/01/2017 thru 08/31/2017 (Report Printed: 02/05/2018)
 Report Submitted By Kay Bongard
 Address 911 Aris Avenue
 City State Zip Metairie, LA 70005

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins	Date	Center ID
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REIMBURSEMENT

New Pos. Clients:13 2nd:13 3rd:4 Pantry:38 Home:0 Postpartum:1

Description of Service	#Served	Reimb. Cost	Total
Intake Application	14	\$10	\$140
Positive Pregnancy Test	19	\$10	\$190
Negative Pregnancy Test	17	\$10	\$170
Abstinence Education	14	\$30	\$420
Counseling	14	\$40	\$560
Referral Services	14	\$10	\$140
Health Risk Assessment	17	\$30	\$510
care Plan Development	17	\$30	\$510
Ongoing Care/Monitoring	17	\$30	\$510
Family Support Services	14	\$30	\$420
Home Outreach Support Services	14	\$40	\$560
Birth Outcome Confirmation	1	\$75	\$75
	1	\$40	\$40
			<i>120.84</i>

Total Services *354*

120.84

IND Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

M. Black
M. Murphy Jr. *Deborah Indaco*

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Access Pregnancy-(Catholic Chariti LCP-17-18-107-1

Cumm from Last Month	70 Cumm 2nd Visits Last Month	65
Number of New Participants for This Mon	- New 2nd Visits	-
Cummulative Participants	70 Cumm 2nd Visits	65

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
Intake Application Process	\$ 10.00	-	\$ -
Positive Pregnancy Test	\$ 10.00	-	\$ -
Negative Pregnancy Test	\$ 10.00	-	\$ -
Abstinence Education	\$ 30.00	-	\$ -
Counseling	\$ 40.00	3	\$ 120.00
Referral Services	\$ 10.00	-	\$ -
Health Risk Assessment	\$ 30.00	-	\$ -
Care Plan Care	\$ 30.00	-	\$ -
On-going Care	\$ 30.00	-	\$ -
Family Support Services	\$ 40.00	-	\$ -
Home Outreach Support Services	\$ 75.00	-	\$ -
Birth Outcome Confirmation	\$ 40.00	-	\$ -
TOTAL SUB-CONTRACTOR REIMBURSEME		3	\$ 120.00

Amount Due	\$ 120.00
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Section G OTHER CHARGES

Created	Status	Approvals	Transaction Type	Account	Amount
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77706	LCP CHECKING xxxxx6649	\$120.00

Tracking ID: 77706

Total Amount: \$120.00

Created: 02/06/2018 2:49 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxx6649

Authorized: 02/06/2018 2:50 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 2/6/2018

Effective: 2/7/2018

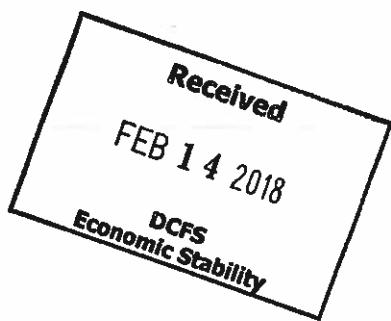
RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CATHOLIC CHARITIES	CATHOLIC CHARITIES		\$120.00	XXXXX21274	Checking	XXXXX0137	

Addenda: Aug17 Suppl

APPROVAL(S):

1 DOROTHY WALLIS



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**Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Restoration Pregnancy Resource Ctr.
 Project Number LCP17-18-116
 Date of Report 08/01/2017 thru 08/31/2017 (Report Printed: 02/06/2018)
 Report Submitted By Tara Hudgins
 Address
 City State Zip

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client		
			Not Appr	Coun Mins	Date

REIMBURSEMENT

New Pos. Clients:21 2nd:20 3rd:19 Pantry:17 Home:6 Postpartum:3

Description of Service

	#Served	Reimb. Cost	Total
Intake Application	22	\$10	\$ 220
Positive Pregnancy Test	21	\$10	\$ 210
Negative Pregnancy Test	1	\$10	\$ 10
Abstinence Education	1	\$30	\$ 30
Counseling	10 19/21	\$40	\$ 400
Referral Services	33	\$10	\$ 330
Health Risk Assessment	43 22/21	\$30	\$ 690
Care Plan Development	21	\$30	\$ 630
On-Going Care/Monitoring	21 2/21	\$30	\$ 600
Family Support Services	12 1/21	\$40	\$ 480
Home Outreach Support Services	4	\$75	\$ 300
Birth Outcome Confirmation	2	\$40	\$ 80

Total Services 229 44 *61* \$ 6030 1520 *64*

2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

*** FOR OFFICIAL USE ONLY ***

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PO# 2000 224936-0817Supp

Section G OTHER CHARGES

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224

Restoration HouseLCP 17-18-116

Cumm from Last Month

131 Cumm 2nd Visits Last Month 137

Number of New Participants for This Mon

- New 2nd Visits 22

Cumulative Participants

131 Cumm 2nd Visits 159

REIMBURSEMENT

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
Intake Application Process	\$ 10.00	-	\$ -
Positive Pregnancy Test	\$ 10.00	-	\$ -
Negative Pregnancy Test	\$ 10.00	-	\$ -
Abstinence Education	\$ 30.00	-	\$ -
Counseling	\$ 40.00	19	\$ 760.00
Referral Services	\$ 10.00	-	\$ -
Health Risk Assessment	\$ 30.00	22	\$ 660.00
Care Plan Care	\$ 30.00	-	\$ -
On-going Care	\$ 30.00	2	\$ 60.00
Family Support Services	\$ 40.00	1	\$ 40.00
Home Outreach Support Services	\$ 75.00	-	\$ -
Birth Outcome Confirmation	\$ 40.00	-	\$ -
TOTAL SUB-CONTRACTOR REIMBURSEME		44	\$ 1,520.00

Amount Due \$ 1,520.00

Created	Status	Approvals	Transaction Type	Account	Amount
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77707	LCP CHECKING xxxxx6649	\$1,520.00

Tracking ID: 77707 **Total Amount:** \$1,520.00

Created: 02/06/2018 2:51 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxx6649

Authorized: 02/06/2018 2:51 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 2/6/2018

Effective: 2/7/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RESTORATION PREGNANCY	RESTORATION PREGNANCY		\$1,520.00	XXXX176	Checking	XXXXX5459	

Addenda: Aug17 Suppl

APPROVAL(S):

1 DOROTHY WALLIS

**Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization CPC Gonzales
 Project Number LCP17-18-01-1
 Date of Report 08/01/2017 thru 08/31/2017 (Report Printed: 02/05/2018)
 Report Submitted By Michelle Dyess
 Address 322 E. Worthy
 City State Zip Gonzales, LA 70737

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins	Center Date ID
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REIMBURSEMENT

New Pos. Clients:6 2nd:6 3rd:4 Pantry:12 Home:2 Postpartum:1

Description of Service	#Served	Reimb. Cost	Total
Intake Application	17	\$10	\$ 170
Positive Pregnancy Test	5	\$10	\$ 50
Negative Pregnancy Test	11	\$10	\$ 110
Abstinence Education	11	\$30	\$ 330
Counseling	10	\$40	\$ 400 160 <i>SA</i>
Referral Services	12	\$10	\$ 120 60 <i>SA</i>
Health Risk Assessment	12	\$30	\$ 360 180 <i>SA</i>
Care Plan Development	6	\$30	\$ 180
On-Going Care/Monitoring	6	\$30	\$ 180 60 <i>SA</i>
Family Support Services	7	\$40	\$ 280 140 <i>SA</i>
Home Outreach Support Services	2	\$75	\$ 150
Birth Outcome Confirmation	2	\$40	\$ 80

Total Services *-10± 17 SA* \$ *2389 420. SA*

2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Michelle Dyess

Supervisor's Signature

Data Entry Clerk's Signature

*** FOR OFFICIAL USE ONLY ***

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SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224

CPC-Gonzales LCP 17-18-01-1 LCP 17-18-

Cumm from Last Month	67 Cumm 2nd Visits Last Month	24
Number of New Participants for This Mon	- New 2nd Visits	6
Cummulative Participants	67 Cumm 2nd Visits	30

REIMBURSEMENT

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
Intake Application Process	\$ 10.00	-	\$ -
Positive Pregnancy Test	\$ 10.00	-	\$ -
Negative Pregnancy Test	\$ 10.00	-	\$ -
Abstinence Education	\$ 30.00	-	\$ -
Counseling	\$ 40.00	4	\$ 160.00
Referral Services	\$ 10.00	6	\$ 60.00
Health Risk Assessment	\$ 30.00	6	\$ 180.00
Care Plan Care	\$ 30.00	-	\$ -
On-going Care	\$ 30.00	2	\$ 60.00
Family Support Services	\$ 40.00	(1)	\$ (40.00)
Home Outreach Support Services	\$ 75.00	-	\$ -
Birth Outcome Confirmation	\$ 40.00	-	\$ -

TOTAL SUB-CONTRACTOR REIMBURSEME 17 \$ 420.00

Amount Due \$ 420.00

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Created	Status	Approvals	Transaction Type	Account	Amount
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77708	LCP CHECKING xxxxx6649	\$420.00

Tracking ID: 77708

Total Amount: \$420.00

Created: 02/06/2018 2:52 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxx6649

Authorized: 02/06/2018 2:52 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 2/6/2018

Effective: 2/7/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$420.00	XXXX6569	Checking	XXXXXX0153	

Addenda: Aug17 Suppl Gonzales

APPROVAL(S):

1 DOROTHY WALLIS